NOVEMBER 2005

Achieving Excellence in Continuing Care

Final Report of the MLA Task Force on Continuing Care Health Service and Accommodation Standards

"We want our province to be the best place in which to live, work, raise families and grow old."

Raymond Prins, MLA Lacombe-Ponoka
Len Webber, MLA Calgary-Foothills
Co-Chairs, Task Force on Continuing Care Health Service and Accommodation Standards

Alberta

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Message from the Task Force Co-Chairs

We would like to begin by thanking the many Albertans who shared their experiences, insights and suggestions for improving continuing care health service and accommodation standards, by submitting completed Discussion Guides, written briefs and letters, or by meeting in person with the Task Force. We respect the courage it took for so many to come forward to share their personal stories.

On September 7, 2005, we released the *Seniors Report: What We Heard & Draft Recommendations*. We invited the general public to provide their input on this document by the end of September 2005. In addition to the release of our report, Bridget Pastoor, Task Force co-member, MLA Lethbridge-East and the Alberta New Democratic Party party have summarized their ideas for improving the system.

During this last month we have had the opportunity to further reflect on what we heard during our consultations in the summer and to consider the additional input we received on our report and draft recommendations.

Approximately 100 organizations and individuals took the time to write to us in September about the report, draft recommendations, and their personal experiences. Not only did we receive submissions from people from all parts of Alberta, but also from people in other provinces, including Ontario and British Columbia. It was satisfying to hear that we had accurately documented the concerns and areas needing improvement shared with us over the summer. We also received suggestions to further refine our report. We have incorporated many of the ideas we received into this final report. We also received several specific suggestions that will be considered as we review the feedback on the draft *Continuing Care Health Service and Accommodation Standards*.

We are encouraged by the many words of support we received for the report in general and specific recommendations. Albertans' commitment to ensuring that changes are made to improve the system is clear as we received many offers of assistance from well-positioned and expert organizations and individuals to begin work immediately on implementing our recommendations.

In closing, we would like to recognize our Task Force co-member, Bridget Pastoor, MLA Lethbridge-East, for her contributions during the consultations. Her practical knowledge of the system was a benefit to us all. Her compassion for the people who receive services or work in the continuing care system was clearly demonstrated.

We would also like to recognize the support we received from staff of Alberta Health and Wellness and Alberta Seniors and Community Supports. In particular we would like to thank Gayle Almond, Carmen Grabusic, and Erin Hnit.

Improving the quality of health and accommodation services and the overall quality of life for all persons receiving care in Alberta is a very timely topic. We are optimistic that this report will serve as the foundation for many positive changes - both immediate and long term - to Alberta's health care and accommodation services across the continuing care system. We look forward to working together with our colleagues in government and many other Albertans to implement our recommendations. We are confident that they will contribute to our province being the best place in which to live, work, raise families and grow old.

Sincerely,

Raymond Prins
MLA, Lacombe-Ponoka
Chair, Seniors Advisory Council for Alberta

Len Webber
MLA, Calgary-Foothills
Chair, Healthy Aging and Continuing Care In Alberta Implementation Advisory Committee

Executive Summary

This report considers the needs of seniors, persons with disabilities, and adults who receive continuing care services in their own homes, supportive living and long-term care facilities.

The report summarizes input received by the Task Force on Continuing Care Health Service and Accommodation Standards during consultations held between June 27, 2005 and August 12, 2005 and includes the September 2005 feedback on the *Seniors Report: What We Heard & Draft Recommendations*.

Stakeholder groups and individual Albertans provided input through meetings with the Task Force, verbal and written presentations, and/or by completing discussion guides.

During the consultations, the Task Force also toured sites, witnessed many examples of quality services and were often impressed by the dedication and compassionate care being provided. The Task Force heard many positive comments from residents and families. However, individuals and organizations were also forthcoming with their concerns and identified areas for improvement, which are reflected in this report and recommendations.

The report is organized into 12 sections. Each section includes a summary of what was heard during the consultations and recommendations from the Task Force. The sections are presented in no particular order and include:

1. Staffing
2. Medications
3. Food in Supportive Living and Long-Term Care Facilities
4. Access to Services
5. Resident and Family Satisfaction and Concerns Resolution
6. Standards and Legislation
7. Monitoring, Compliance, and Enforcement of Standards
8. Funding the System, Funding Individuals
9. Health Benefit and Income Support Programs
10. Building Design and Infrastructure
11. Achieving, Promoting, and Recognizing Excellence
12. Public Awareness and Communication

Some recommendations require immediate action while others will require implementation over a longer period of time. Some of the recommendations apply only to long-term care facilities, but many will also positively impact people receiving services in their own homes and supportive living settings.

Alberta Health and Wellness, Alberta Seniors and Community Supports, other government departments, regional health authorities, housing and long-term care operators, service providers, residents and their families, educational institutions, unions, and other stakeholder groups will all have a role to play in ensuring that these changes are successfully implemented.

Task Force Mandate and Membership

In May 2005, the Honourable Iris Evans, Minister of Alberta Health and Wellness and the Honourable Yvonne Fritz, Minister of Alberta Seniors and Community Supports established the Task Force on Continuing Care Health Service and Accommodation Standards with the goal of restoring public confidence in continuing care health services and accommodation in Alberta.

The Task Force's two main objectives were to:

1. Receive comments from stakeholders on the draft *Continuing Care Health Service and Accommodation Standards.*
2. Receive comments from stakeholders on the quality of continuing care health services and accommodation.

Task Force members included:

- MLA Raymond Prins, Lacombe-Ponoka, Co-Chair
- MLA Len Webber, Calgary-Foothills, Co-Chair
- MLA Bridget Pastoor, Lethbridge-East, Member

The Consultation Process

The Task Force on Continuing Care Health Service and Accommodation Standards consultations took place between June 27, 2005 and August 12, 2005. Activities included meetings and site visits in Edmonton, Calgary, Red Deer, Lethbridge, Picture Butte, Medicine Hat, Camrose, Daysland, Grande Prairie, Hythe, Hinton, and Fort McMurray. Orientation site visits also occurred in Rimbey and Ponoka.

Meetings with Stakeholders

A number of meetings were held with a variety of stakeholders. Meeting participants were asked to give feedback on the draft standards documents and to outline their concerns on the quality of care services and accommodation.

The Task Force heard from:

- clients receiving services and/or their representatives
- family members of individuals receiving services
- health service providers and/or their representatives
- housing operators, supportive living operators, and long-term care operators
- regional health authority staff
- industry associations
- special interest and/or advocacy groups
- professional associations
- educational institution representatives
- union representatives
- other interested Albertans and stakeholder groups

Public Meetings

Meetings open to the general public were held in Edmonton, Calgary and Red Deer. The Red Deer meeting included video-teleconference connections with Medicine Hat, Brooks, Pincher Creek, Raymond, Coronation, Barrhead, St. Paul, Viking, Grande Prairie, Peace River, Fort McMurray and High Level.

Discussion Guides

Another key source of information for the Task Force was a printed discussion guide that was available on-line and in hard copy between June 27, 2005 and August 12, 2005. The questions in the discussion guide focused on the draft standards. Also included were some general questions related to health services and accommodation in the continuing care system. Approximately 660 completed discussion guides were submitted to the Task Force. A summary of the discussion guides will be available in a separate technical report.

Other Submissions

A number of individuals also made personal contact with Task Force members.

Seniors Report: What We Heard & Draft Recommendations

The draft report was made available from September 7 to 30, 2005 for public feedback. The input has been considered during the development of this final report.

A list of all organizations that made presentations or provided written submissions to the Task Force is included in Appendix 1.

Introduction

The continuing care system in Alberta has evolved dramatically in recent years. Continuing care has been impacted by changes in demographics and to health and housing systems. As a result, this is an ideal time to review and update health care and accommodation services across the continuing care system. Continuing care includes health and/or accommodation services provided to individuals with chronic care needs and is provided in individual's homes, supportive living and long-term care facility settings.

In Alberta, there are currently over 330,000 seniors over the age of 65, with approximately 153,000 over the age of 75. The number of seniors over the age of 75 is expected to increase by approximately 67 per cent by 2025 to over 256,000. This group is more likely to need health care services and to have a higher incidence and prevalence of chronic disabilities, Alzheimer's Disease and other dementias.

There are about 20,600 people living in approximately 400 supportive living facilities (lodges, enhanced lodges, designated assisted living, group homes, adult family living, and family care homes). There are about 14,400 people living in approximately 200 long-term care facilities (auxiliary hospitals and nursing homes).

The delivery of health care services has changed with regionalization. Regional health authorities (RHAs) continue to evolve while meeting their roles and responsibilities.

For seniors and younger persons with disabilities, there has been a shift away from institutional or facility-based care to community-based residential options such as supportive living. Many new models of service delivery and housing have been introduced resulting in a rapid growth of supportive living settings such as group homes and assisted living facilities.

The 1995 *Basic Service Standards for Continuing Care Centres* was developed when Alberta Health and Wellness had responsibility for both accommodation and health services in long-term care facilities. Alberta Seniors and Community Supports now has the responsibility for the accommodation component of long-term care. Alberta Health and Wellness, through the RHAs, retains responsibility for the delivery of health care services in these facilities.

In May 2005, the *Report of the Auditor General on Seniors Care and Programs* recommended updating the 1995 *Basic Service Standards for Continuing Care Centres.*

Alberta Health and Wellness proposed draft health service standards, to replace the outdated 1995 standards. These draft standards were provided to the public and stakeholders for comment during the summer of 2005. The new standards are broader in context and apply to publicly-funded health services in home living, supportive living, and long-term care settings. These standards reflect the changing role and responsibilities of Alberta Health and Wellness since regionalization in 1994. They will require RHAs and operators to further develop and implement detailed operational policies and procedures.

The consultation also focused on the proposed accommodation standards developed by Alberta Seniors and Community Supports in collaboration with operators and other stakeholders. These standards would also replace the 1995 standards for long-term care as well as the voluntary standards that were being followed by provincially funded lodges until 2002. Most notably, the proposed standards would apply to the accommodation component in all supportive living and long-term care settings – regardless of whether they receive public funds.

This report summarizes input received by the Task Force on Continuing Care Health Service and Accommodation Standards during their consultations. It recommends changes to improve the quality of services for Albertans and their families who require continuing care services. It recommends changes to support health care providers and will improve the confidence of all Albertans with the system.

The input specific to the draft *Continuing Care Health Service and Accommodation Standards* will form the basis for revising the standards. A supplemental report with recommendations related to the standards will be completed in mid-December.

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What the Task Force Heard and Their Recommendations

1 Staffing

Background

Alberta Health and Wellness provides global population based funding to regional health authorities (RHAs) to provide health services. RHAs either provide health services directly or may choose to contract with long-term care operators to provide health care services in long-term care facilities (nursing homes and auxiliary hospitals). Approximately half of the current long-term care beds in Alberta are owned and operated by RHAs, with the balance primarily owned and operated by not-for-profit and private agencies.

The provision of health care services within supportive living settings varies. Residents assessed by home care programs as having unmet assessed health care needs, may receive home care services through the RHA community/home care program. However, there are also many examples where the RHA contracts with a supportive living operator to provide personal care or nursing services to residents. Residents may also choose to access private health care services.

The costs associated with staff who provide accommodation services including food service, housekeeping, and maintenance are paid for from resident accommodation or rental fees. These charges also cover the costs associated with the resident's room and board.

Recruitment, retention, and training of health and housing staff across the continuing care system remains a challenge.

What The Task Force Heard

- Staff are providing compassionate care and doing the best they can with their current resources, but there aren't enough trained people to meet the basic needs of dependent long-term care residents. There is an immediate need across the province for more trained staff.
- A shortage in staff has resulted in some residents debilitating more quickly than they would otherwise when they move into long-term care because residents are not getting the therapies, supports and treatments they need.
- It can be difficult for staff to get to know residents and provide quality care and promote their quality of life if they are employed on a part-time or casual basis.
- The recruitment and retention of qualified staff is a major issue across the province.
- There are limited full-time staffing positions, and wages and benefits are not competitive with other industries.
- There is a shortage of health care professionals with specialized training in geriatrics.
- Some staff feel they are taking on roles and responsibilities they are not trained or qualified to do.
- There are communication issues between staff who lack sufficient language skills to be able to communicate effectively with residents or their families.
- Training for staff needs to be accessible and affordable. There needs to be flexibility in how and where training is provided, particularly in rural areas.
- There is a shortage of physicians with geriatric training. It is difficult to recruit physicians to continuing care.
- Physicians and other health care professionals such as dentists and pharmacists would like to be more involved in residents' assessment and care planning teams.
- There is a lack of oral care. Care planning must include oral care.
- Long-term care and lodge residents have higher health care needs than they did in the past. There is an increasing need in supportive living, including lodges, to provide health care services that were not traditionally part of the mandate for supportive living operators. Long-term care and supportive living staff are struggling to care for residents with higher and more complex health care needs. Funding formulas, policies and legislation do not always reflect the changing needs of continuing care clients.

Recommendations

Staffing Levels

1. Target funding immediately to long-term care to ensure that residents receive quality health and personal care services as described in their individual care plan, which includes funding to restore personal care services, nursing, rehabilitation and recreation therapy.

   a. To support the implementation of this recommendation, for the purposes of interim monitoring, Alberta Health and Wellness, with input from regional health authorities, operators and other stakeholders, should determine a staffing mix and level of service based on assessed needs, including rehabilitation and recreation therapy.
      - This minimum staffing mix and level is an intermediate step and should be reviewed when the interRAI MDS assessment and care planning tool is implemented and information on outcomes is available.

   b. To support the implementation of this recommendation, regional health authorities and long-term care operators should review and provide the Minister of Alberta Health and Wellness with current information on staffing levels and mix.

Staff Training

2. Provide support to ensure that personal care aides who have not graduated from an approved program complete competency assessment and training. This will likely require a phased-in approach to support untrained workers in gaining the required competencies. The core competencies should include a focus on rehabilitation and maintaining and improving abilities.

3. Develop a strategy to support access for personal care aide training. This would help address the challenges associated with the recruitment and retention of trained staff, particularly personal care aides in the rural regions. The strategy needs to address affordability and accessibility issues, and could include bursaries or loans. Alberta Health and Wellness would lead the development of this strategy with other provincial government departments, regional health authorities, and other stakeholders.

4. Encourage and support specialized geriatric training for physicians, nurses and other health and housing staff. Funding should be targeted to support the development of additional education and/or training on the complex care of the elderly.

Staff Recruitment and Retention

5. Review existing provincial plans and develop new strategies for the recruitment and retention of health care professionals, especially personal care aides who provide health care services in community or home care programs, supportive living and long-term care facilities. This review will require the involvement of a number of provincial government departments, regional health authorities, educational institutions, operators, and unions. It should also consider how staff positions are organized (casual, part-time, full-time) and the competitiveness of their wages and benefits as compared to other industries.

2 Medications

Background

Regional health authorities are required to fund the cost of prescription drugs for long-term care residents. Long-term care facilities are currently required to adhere to the Pharmacy Policy Manual for Continuing Care and with professional standards.

Supportive living residents are responsible for the costs of their prescription drugs/dispensing fees (less the amount paid for by Blue Cross or other benefit or insurance programs) and the cost associated with assistance if needed. Policies to guide medication assistance vary and include the Medication Assistance Program used by some operators.

What the Task Force Heard

- Residents are being overmedicated or inappropriately sedated.
- Residents and/or their family caregivers would like to have residents' medications reviewed regularly to confirm necessity and/or appropriateness.
- Residents and their family caregivers would like to be consulted prior to new medications being administered.
- Untrained staff are expected to distribute and/or administer medications sometimes resulting in errors.

Recommendations

6. Alberta Health and Wellness, in collaboration with regional health authorities, operators, and other stakeholders should develop a process for ensuring that:

   a. Supportive living and long-term care residents are receiving appropriate medication.
   b. There are clearly defined roles and responsibilities related to providing medication reminders, assistance or administration to supportive living and long-term care residents.

3 Food in Supportive Living and Long-Term Care Facilities

Background

Long-term care residents are required to receive three full meals per day, snacks and other nourishment. Where required, meal and nutrition supplements, special diets, including liquid diets or diabetic diets are provided. The 1995 *Basic Standards for Continuing Care Centres* requires that operators retain the services of a dietitian for the purposes of meal planning. The dietitian may be on-staff or retained on a consulting basis. The quality and variety of meals provided varies among facilities.

There are no provincial guidelines for meal services in supportive living. Some regional health authorities have established standards for meal services through contractual agreements with supportive living operators.

What The Task Force Heard

- Food services in long-term care are considered to be a basic service, while food services in supportive living vary across sites and may include the availability of one, two or full meal service.
- Few or no complaints were heard at those facilities that had cooks with Red Seal certification or chef training.
- The ability of supportive living operators to accommodate special diets varies from site to site.

- The taste, appearance, variety, and food quality in long-term care facilities could be improved.
- Choices are not being provided for residents to substitute items they should not or do not want to eat.
- Meals that are prepared off-site are of poorer taste and quality as compared to meals that are prepared on-site.
- Nourishment and hydration needs are not being met because of poor taste and quality of food, and a lack of staff to assist in feeding and hydration.

Recommendations

7. All long-term care/supportive living facilities that offer full meal services should review their food preparation and serving practices to ensure that residents receive high-quality meal services and receive appropriate support in eating and hydration.

8. Alberta Seniors and Community Supports should establish the minimum training level required for at least the head cook(s) at all long-term care/supportive living facilities that provide full meal services. This expectation could be communicated through the accommodation standards.

9. All long-term care/supportive living facilities that offer full meal services, and do not prepare food on-site, should demonstrate to Alberta Seniors and Community Supports that they meet the nourishment and hydration needs and satisfaction of most residents. Alberta Seniors and Community Supports, with input from stakeholders, would establish the related reporting requirements.

4 Access to Services

Background

All regional health authorities (RHAs) have a centralized coordination process to assess and link residents to appropriate health services, including long-term care. Although there are a number of housing inventories, registries, and organizations that provide assistance related to housing, there is no equivalent process to link people to housing or accommodation services.

The availability of health care and accommodation services varies among RHAs and between rural and urban centres. Urban residents may have access to a variety of services to meet their needs while rural residents are limited in the choice of health and housing supports available to them.

What The Task Force Heard

- Finding and accessing the right combination of health care and housing services is difficult.
- There should be more support and services in the community so that people don't have to enter a facility prematurely, particularly young adults with disabilities.
- With few exceptions, individuals should be able to receive the services they need in their preferred place of residence.
- In rural communities especially, some people would rather stay closer to family and friends, than move to another community, even if all of the services they need aren't readily available.
- Access to transportation is an issue in some communities.
- Couples are being separated because of different service level needs.
- The same services or priority on waiting lists are not guaranteed if you move from one health region to another.
- The community/home care services for which residents in supportive living are eligible and/or receive are not the same across the province.
- In some rural communities, where there are no long-term care facilities, seniors lodge and other supportive living operators are struggling to provide health services in facilities not designed to care for the level of need. They are providing these services to ensure that individuals don't have to leave their home community, even though it places the individual and the operator at risk.
- Some of the disadvantages of the "first available bed" policy is that people are placed in settings that are not the most appropriate to their needs and preferences.

- Long-term care residents have difficulty accessing health care services that are typically located off-site, including physician services.
- Current services or programs do not meet the needs of all groups including: persons with Alzheimer's disease and other dementias, mental health issues, brain injuries, multiple sclerosis, HIV/AIDS, the deaf, adults with disabilities, and cultural or religious groups, including Aboriginals.

Recommendations

10. Develop a strategy to better support Albertans in accessing health care services and/or housing. This could include reviewing or enhancing existing mechanisms, such as co-ordinated access, or creating new ones.

11. Ensure there is a sufficient supply and variety of supportive living and long-term care spaces within each region to meet varying needs and preferences.

12. Reduce the interregional differences that exist in the availability of certain community/home care services.

13. Review and modify the policies related to accessing long-term care, including:
    a. The development of alternatives to "first available bed" placement including not reassigning the priority for those who do not take the first available bed.
    b. Better support for individuals and families who would like to make an interregional transfer when waiting for, or already living in, long-term care.

14. Encourage the development of specialized services, programming and housing for special needs groups, especially young adults with disabilities. Wherever possible, services should consider cultural needs.

15. Wherever possible, ensure that supportive living operators, long-term care operators and regional health authority staff facilitate couples being together, if that is their preference. This could include targeting capital funding to support the development of purpose built facilities that accommodate couples with different service level needs, or accommodating couples in the same room in long-term care, even if only one requires long-term care. Waiting lists and building design will challenge the implementation of this recommendation.

Although there is not a specific recommendation related to transportation, the Task Force emphasizes that this is an issue in some communities. Access to transportation is being reviewed from a number of different perspectives, including the importance of mobility for the social, physical and mental health of aging Albertans and persons with disabilities. The Task Force encourages continued and coordinated work in this area given the increasing number of seniors and persons with disabilities wishing to remain in their communities.

5 Resident and Family Satisfaction and Concerns Resolution

Background

Long-term care operators are responsible for ensuring that facility residents receive safe, appropriate care and support services. Operators must meet the basic service standards as defined in provincial government legislation and policy documents. Regional health authorities (RHAs) can also set additional quality expectations as part of their contract for services with operators.

At a regional level, RHAs are responsible for monitoring the quality of care, treatment and standards of care provided to clients in long-term care facilities and through their community or home care programs. Each RHA is expected to have a concerns resolution process in place to address complaints regarding the quality of care.

At the provincial level, the Health Facilities Review Committee's mandate includes following up on health and accommodation related concerns in long-term care facilities. Their mandate does not include community or home care health services. There is no provincial mechanism to address accommodation-related complaints in supportive living facilities.

Protection for Persons in Care investigates complaints of abuse in long-term care facilities and supportive living facilities that receive public operating funds, such as lodges and mental health group homes.

What The Task Force Heard

Resident and Family Satisfaction

- Many residents and families expressed general satisfaction and recognized the challenges of providing individualized care in a congregate setting.
- The areas most often identified by families and residents in terms of what should be addressed to restore the public's confidence in the system were: shortage of trained staff, food quality, addressing concerns and accountability.
- Asking and reporting on client and family satisfaction is important to quality improvement.
- There are fewer complaints at facilities that take a hospitality or customer service approach.
- Families and residents want to be actively involved with their care and improving services. Establishing relationships, open dialogue and an atmosphere of cooperation between the residents, family, staff and volunteers is integral to quality care.
- Residents and families have high expectations of service providers and the system in general. They would like Alberta's system to be as good or better than those elsewhere in Canada or abroad.
- Residents and family members spoke of the importance of quality of life and the desire to continue to live life to its fullest after a move to long-term care.

Concerns Resolution

- Resident-family councils can be an effective way for residents, families and staff to work together.
- When a concern is brought forward about long-term care, the response is often defensive and not viewed as an opportunity to improve care or service.
- Concerns raised by residents or families are not always addressed in a satisfactory manner and there is a fear of reprisal.
- Some groups recommended that individuals and staff who raise concerns should be protected from reprisals.
- There are a number of concerns resolution models that already exist that should be studied and could serve as the basis for improving this process in Alberta. They include, but are not limited to: resident-family councils, seniors advocates and a Provincial Ombudsman.
- Suggested principles for an Alberta concerns resolution model include:
  - that concerns are viewed as an opportunity to improve services.
  - that concerns or complaints should be dealt with as close to the source as possible.
  - that communication will be improved when residents, families and providers clearly understand the expectations, roles and responsibilities of the parties.
  - that the care planning process provides an opportunity for communication.

- that residents, families, staff and management are all supported in raising and addressing concerns. There should be no intimidation or fear of reprisal.
- that staff and management have access to education on communication skills and conflict resolution.
- that residents and families may need to have access to a trained mediator. This may be a role for seniors advocates.
- that a clear definition of a case manager's role and responsibilities is available so that residents, families and other health care providers are able to easily identify who is responsible for coordinating care, and to address issues as they arise.
- that resident-family councils are supported as a means of effective communication and an opportunity for all residents to participate and receive support from other residents and families.
- that when issues are unresolved, there is a clearly defined process for residents, families and providers to bring issues forward for a decision. The process needs to be understandable, fair to all parties, and must have an appeal process to a final decision-maker.

Recommendations

Resident and Family Satisfaction

16. Provide increased opportunities for family caregivers to participate in the meaningful care of their family members who are supportive living or long-term care residents. This might include family members more fully participating in care planning, medication reviews, and having access to relevant health information.

17. Ensure there is adequate funding in place to support flexible and appropriate respite programming to assist family caregivers who are looking after a family member in their own home.

18. Promote a hospitality or customer service approach by providing supportive living operators and long-term care operators with information, training and incentives that will support further incorporating the principles of hospitality in their operations.

19. Expand the annual survey of Albertans assessing their satisfaction with health care services to include health care services provided in supportive living settings. The survey is currently conducted by the Health Quality Council of Alberta.

Concerns Resolution

20. Alberta Health and Wellness and Alberta Seniors and Community Supports should establish and communicate a clear concerns resolution process that provides residents, families and staff across the continuing care system with clear directions on how to raise their concerns and have them addressed as close to the source as possible. The suggested principles for an Alberta concerns resolution model that were provided during consultations should be considered. This should include consideration for the role of seniors advocates to assist individuals and their families. Resident-family councils could provide residents and their families with opportunities to be actively involved. The role of the case manager needs to clearly define the responsibility to actively work with residents and their families in ensuring that concerns are addressed.

21. Review the roles, responsibilities and effectiveness of the Health Facilities Review Committee, Protection of Persons in Care, and the Provincial Ombudsman in receiving and resolving concerns or complaints from within the continuing care system. Consider the implications of enacting measures to protect residents, families or staff who raise concerns.

6 Standards and Legislation

Background

Provincial continuing care standards have not been revised since 1995. The *Nursing Homes Act* and regulations, and the provisions of the *Hospitals Act*, *Public Health Act* and their regulations covering continuing care, have not received significant review since the early 1990's. The new standards for continuing care accommodation and health care will require updated policy and legislation to support implementation of the standards.

Long-Term Care

Long-term care (nursing home and auxiliary hospital) operators must meet the basic health and accommodation service standards as defined in provincial government legislation and policy documents. The *Basic Service Standards for Continuing Care Centres* was developed in 1995. Since that time, the delivery of health and housing services has undergone significant change.

Supportive Living

The *Social Care Facilities Licensing Act* requires that any "place of care for persons who are aged or infirm or who require special care" which provides accommodation or care for four or more persons must be licensed. The *Act* requires that licensed facilities must have their licenses renewed annually. There has been inconsistency in administration, interpretation and enforcement of the *Act*, which has resulted in some private facilities operating without a license, and in limited or no facility inspections. Supportive living settings with less than four clients are not included in the *Social Care Facilities Licensing Act*, and as such are not licensed. There are currently no regulations under the *Act* that set standards for the operation of adult care facilities.

Seniors lodges that operate under the *Alberta Housing Act* are exempt from licensing. From 1996 to 2002 lodges were operated under voluntary standards developed jointly by government and the Alberta Senior Citizens' Housing Association. The standards were intended to fill the gaps in existing legislation under which lodges must operate.

What The Task Force Heard

- The draft standards are a good place to start.
- The standards need to allow enough flexibility for operators to address the different and unique needs of all residents. There needs to be room for innovation and creativity in the provision of care.
- The draft standards are lengthy, complex, unclear and/or too philosophically written, and should be further refined with an additional round of input from stakeholders.
- It is too much to refer to home care, supportive living and long-term care in one document. Some standards are more related to one area than another. How the standards apply to each setting should be clearly stated.
- These are minimum or basic standards only, and health service and housing providers should be encouraged and supported to go beyond the standards.
- Each of the standards should be measurable, provide for consistent reporting and define a minimal acceptable quality of care and quality of life.
- The standards will only be effective if compliance is monitored and enforced.
- The standards need to be reviewed and updated routinely.
- Legislation and policies around standards need to be reviewed and updated.

Recommendations

22. Adopt, in principle, the draft *Continuing Care Health Service and Accommodation Standards*, after stakeholder input has been incorporated, and a phased-in implementation plan developed.

23. Bring forward the Supplemental Report and Recommendations on the draft *Continuing Care Health Service and Accommodation Standards* to the Ministers of Alberta Health and Wellness and Alberta Seniors and Community Supports by December 14, 2005 for consideration.

24. The Ministries incorporate the recommendations, with further stakeholder consultation, with a plan to implement the revised *Continuing Care Health Service and Accommodation Standards* between April 2006 and April 2007. It is recognized that some standards could be implemented immediately, whereas others will require a phased-in approach.

25. Undertake a review and update of all continuing care health service and accommodation related legislation and policies.

7 Monitoring, Compliance, and Enforcement of Standards

Background

Long-Term Care

The Health Facilities Review Committee is responsible for unannounced visits to all hospitals, nursing homes and auxiliary hospitals in Alberta. Additional investigations may occur in response to unresolved complaints.

The Canadian Council on Health Services Accreditation (CCHSA) has nationally recognized standards that promote organizational excellence. Regional health authorities (RHAs) in Alberta are accredited through the CCHSA. Most private voluntary and for-profit long-term care operators in Alberta have participated in the regional CCHSA accreditation.

Supportive Living

The existence of standards and their monitoring and compliance varies across the supportive living stream. Provincial standards are not in place for the operation of adult supportive living facilities. Regional health authorities (RHAs) or other agencies that fund services provided in supportive living settings may establish operating standards and require compliance with those standards in their funding agreements. RHAs may set health service standards for contracted health services in supportive living settings.

Until 2002, provincially funded seniors lodges were inspected every three years by joint government/operator teams for compliance with a set of basic voluntary operating standards.

What The Task Force Heard

Monitoring, Compliance and Enforcement of Basic Standards

- Service providers, housing operators, supportive living operators, and long-term care operators were supportive of the co-ordinated approach to health and housing.
- The public would like unannounced site visits by the organization that visits facilities to monitor their compliance with standards.
- The public would like inspections to be carried out by an organization that is at arms-length from government, RHAs and operators.
- The public also told us that it is the role of government to monitor and enforce standards and that the RHAs need to be held accountable for the quality of care, including contracted health services.
- The monitoring process should be streamlined and coordinated to minimize the number of different reviewers coming into the site to review the same thing.
- The public is not confident that providers are being held accountable, and are especially concerned with private providers. As a result, the public would like detailed operational standards that are easily measurable, (e.g. specific staffing levels and mix of staff).
- Operators would like more opportunities to improve on the quality of services and accommodation they provide.
- Regardless of whether facilities receive public funds or not, all operators are expected to meet the same set of basic accommodation standards.
- The public expressed concerns that the draft standards do not apply to private continuing care health services where there is no public funding through the RHA.

Accreditation

- Many long-term care and some supportive living facilities are accredited.
- A rating system for supportive living and long-term care facilities was discussed. The rating system could be similar to a five-star rating system for hotels. Ratings could be based on things like the quality and choice of food, environment and ambience, satisfaction with concerns resolution, resident-family surveys, staffing levels and access to health and recreation services.

Recommendations

Monitoring, Compliance and Enforcement of Basic Standards

26. Alberta Health and Wellness and Alberta Seniors and Community Supports should collaboratively assess options for monitoring compliance with the health service and accommodation standards, including reviewing the roles, responsibilities and effectiveness of existing mechanisms, such as the Health Facilities Review Committee. It is recommended that facilities should be inspected by one organization, made up of experienced representatives from the health and housing industries. Membership could include consumer or citizen representatives. This organization could also be responsible for responding to unresolved complaints. Enforcement should remain with the Ministry responsible for the funding, but needs to be clarified.

27. Training, education and other forms of support should be provided to service providers and/or housing or long-term care operators that do not fully meet the standards. As a last resort, Alberta Health and Wellness and Alberta Seniors and Community Supports need to develop and communicate enforcement measures for failure to comply with the standards. Where operators fail to meet the standards, they should be supported to develop a plan to address the issue and enforcement measures should only be implemented as a last resort. Enforcement measures could include fines, appointment of an administrator, revoking licenses or other measures.

28. License all nursing homes and auxiliary hospitals. The conditions for licensing should be reviewed annually for compliance with health service and accommodation standards, as well as contractual obligations.

29. License all supportive living facilities. The conditions for licensing should be reviewed annually for compliance with health service and accommodation standards.

    For recommendations 28 and 29, there is a risk that where licenses are revoked, residents may be required to move out of a facility. It is recommended that the Ministries consider processes to ensure that, where reasonable, residents are not disrupted. Processes could include the appointment of a temporary administrator.

It is acknowledged that there was some public support for regulating private health care services, where services are directly purchased by individuals. Professional health care providers are responsible to their professional association. This report does not recommend extending the standards to privately purchased health care services.

Accreditation

30. Enable supportive living and long-term care facilities that provide publicly funded health care services to access and complete an accreditation process.

31. Alberta Seniors and Community Supports and Alberta Health and Wellness should pursue a process to rate supportive living and long-term care facilities and make these ratings publicly available. These ratings should include quality of life, as well as quality of care measures. This should be done in conjunction with stakeholders including: the Alberta Senior Citizens' Housing Association, the Alberta Long Term Care Association, and the Health Quality Council of Alberta. Higher rated facilities should be recognized and/or rewarded.

8 Funding the System, Funding Individuals

Background

Although supportive living and housing options that facilitate "aging in place" can have significant benefits for residents, some long-term care clients are reluctant or unable to make a move from long-term care facility living to supportive living as a result of the increased personal costs, and the differences in benefits.

Due to the cumulative impact of charges for services and products not provided in the supportive living stream, this housing option can be a more costly one. As well, some income support programs provide lesser amounts of assistance to supportive living residents as compared to long-term care residents, again challenging their ability to afford supportive living. Specifically, the Alberta Seniors Benefit program provides a higher benefit amount to long-term care residents as compared to those living in supportive living. Finally, some individuals are hesitant to move into a building or facility that may require them or their partner to move if their needs change.

Regional community/home care programs can be cost-effective by providing supports to help people to remain in their homes and communities longer. Some regional health authorities (RHAs) are entering into agreements with lodges and other supportive living settings to provide home care to residents. These arrangements vary, and include funding the facility to hire staff to provide home care services, providing funding so the facility can contract a home care service provider, or the RHA can directly provide home care services to the clients.

What The Task Force Heard

- Affordability and appropriateness is a consideration when developing new models of service delivery and housing.
- The current funding model for long-term care is based on disabilities and doesn't encourage facilities to invest in services that maintain or improve functional abilities.
- Funding should follow the individual receiving services.
- Funding should be determined by the needs of the residents.
- The province should have a clear understanding and accounting of how funds are currently being spent before allocating more funds.

- Facilities should be more directly accountable for how they spend their funding. The accommodation charge for residents in long-term care is too much for some individuals to afford, even with government income support programs.
- There are differences across regions in terms of the funding of personal care services in lodges and other supportive living settings.
- Some individuals with high care needs could remain at home rather than moving into an institution if higher levels of home/community care services were available and provided.
- RHAs currently place individuals requiring facility-based health care in facilities owned/operated by the RHA or in facilities contracted by the RHA. Funding is provided globally to the RHA and then to the operator directly. Individuals have limited choice.

Recommendations

Funding to Service Providers, Housing and Long-Term Care Operators

32. Explore the establishment of a funding model that supports incentive funding for facilities that maintain or improve resident functioning, with a focus on rehabilitation, occupational and recreation therapies.

33. Regional health authorities should adopt province-wide policies to fund personal care services in supportive living based on assessed unmet needs.

Funding to Individuals

34. Explore the establishment of a funding model that directly supports individuals requiring continuing care health services. The model should:

    a. Remove the legislated home care maximum, including self or guardian managed care,
    b. Review regional health authority policy funding limits for home care services for individuals, and
    c. Provide the option for individuals requiring continuing care facility services, to contract directly with the provider.

9 Health Benefit and Income Support Programs

Background

Assured Income for the Severely Handicapped (AISH) and Alberta Seniors Benefits (ASB) provide additional assistance to residents living in facilities under the *Nursing Homes Act*, *Hospitals Act*, or those listed in related legislation. Residents of supportive living facilities do not receive additional assistance with the cost for accommodation, even though these costs can leave them with little to no personal income. As clients move to supportive living because it is a more appropriate placement, they find that their eligibility for benefits changes.

What The Task Force Heard

- Individuals with the same service needs receive different services and benefits depending on the region in which they live and their type of residence (e.g. own home, supportive living, long-term care).
- Low-income individuals who are assessed and placed into supportive living are eligible for less financial assistance through ASB and AISH programs than residents who live in long-term care, even though their housing costs may be the same or more.
- In nursing homes and auxiliary hospitals, pharmaceuticals, medical-surgical supplies and most equipment is provided at no charge to the resident. In other settings, these are cost-shared. Individuals who move from nursing homes/auxiliary hospitals to supportive living often experience an increase in their personal costs. This is a disincentive to moving, even if there is a more appropriate place for them to receive services.
- Individuals who live in their own homes or in supportive living are responsible to pay for their prescription medications (although seniors receive assistance through Blue Cross and AISH recipients receive assistance through the AISH program), while long-term care residents have these costs paid for by the regional health authority.
- Eligibility for the Alberta Aids to Daily Living program is partially based on place of residence.
- There are benefit differences for persons who have brain injuries, depending on their age.

Recommendations

35. Alberta Health and Wellness and Alberta Seniors and Community Supports should address the gaps related to pharmaceuticals, medical-surgical supplies and equipment that are based on where an individual receives the service.

36. Alberta Seniors and Community Supports should increase the Alberta Seniors Benefit and Assured Income for the Severely Handicapped benefit amounts to address the current gap between the benefit amounts for individuals who have been assessed and placed into supportive living as compared to nursing homes and auxiliary hospitals.

10 Building Design, Infrastructure

Background

The *Alberta Building Code* and *Alberta Fire Code*, set minimum provisions for the safety of buildings with reference to public health, fire protection and structural sufficiency. They are not intended to address the building design, functional use, or aesthetics, which is addressed by the architect.

In Alberta, there are no legislated design standards or building code provisions specific to supportive living. Projects that receive provincial government funding may be required to adhere to program-specific architectural design requirements. For example, buildings may be required to incorporate certain barrier free design features.

Regional health authorities are responsible for planning services for their residents and many have developed building standards for the construction of new long-term care facilities or supportive living settings, or the rejuvenation of existing ones in which publicly-funded health services will be provided.

The development of campus models or facilities that can provide multiple levels of service are becoming more popular, however their development is complicated by the fact that particular sections of the complex or building may need to meet different building codes.

What The Task Force Heard

- Facilities that have supportive living, long-term care and other services in the same building make it easier for people to get what they need and support couples with different needs.
- There are supportive living and long-term care facilities that are designed with today's residents in mind, but there are also many buildings in need of upgrading.
- Residents and their families want the choice of whether they live in a private or shared room.
- It is not acceptable for more than two residents to have to share a bathroom.
- Building codes for buildings or campus style models with multiple levels of health and housing services need to be reviewed.
- Basic design standards should be in place for supportive living and long-term care facilities.
- There are limited funds available for organizations that would like to develop affordable supportive living facilities.

Recommendations

37. Provide public funds for new long-term care developments only if the business case includes evidence that the planned mix of private and shared rooms is based on local need and preference.

38. Alberta Seniors and Community Supports and Alberta Infrastructure and Transportation should work with stakeholders to develop and implement basic design standards for new publicly-funded supportive living and long-term care facilities.

39. Review and update the building code in recognition of new models of health service and accommodation.

40. Alberta Seniors and Community Supports and Alberta Health and Wellness should assess the need to continue to provide capital dollars in support of further affordable supportive living developments.

11 Achieving, Promoting, and Recognizing Excellence

Background

During the Task Force consultation process, it was often reported that the staff and health care professionals working in the system are caring, compassionate, dedicated and hard working. There were also supportive living and long-term care facilities that were recognized for the quality care and accommodation services they provide to their residents. The Task Force strongly feels that it is important to recognize and reward the excellence that is already in the system and to support quality improvements in the future for all facilities. This requires that information on best practices is easily accessible and ongoing research into new approaches is supported.

What The Task Force Heard

- To achieve quality of care and quality of life for residents, the delivery of care and accommodation services needs to be client focused and incorporate both a medical and social model of care. The Task Force was impressed with those facilities that focus on reducing social isolation by supporting community and family activities. Some of the facilities had pets, social gatherings, including programs for children, gardening, and other activities that maintain a quality of life for residents.
- Ensuring the quality of care and quality of life for all recipients of continuing care health services or accommodation is a shared responsibility between the individual, families, communities, health care workers and housing providers.
- There are facilities and/or programs that are exemplary and need to be recognized, rewarded and replicated.
- Interested individuals and organizations should have one place they can turn to when they would like to know about new and best practices, and continuous quality improvement in the continuing care system. This centre should support the exploration of new practices and disseminate information on innovation and best practices.
- There needs to be a clear process in place to support health and housing providers to exceed the standards and achieve excellence.
- Ratings of all supportive living and long-term care facilities, especially those receiving public funds, should be made available to the public. This could be available on-line or in print copy.

Recommendations

41. Government, academic institutions, professionals and other stakeholders should support research and the systematic review of outcomes across the continuing care system. To this end, the Task Force supports the province-wide implementation of the interRAI suite of assessment and care planning tools, including resource allocation and the monitoring of outcomes.

42. Alberta Health and Wellness and Alberta Seniors and Community Supports should work with stakeholders to establish a network of excellence, or a virtual centre of excellence, for the provision of health services and accommodation to seniors and persons with disabilities. This network would collectively focus on research, training, best practice and provide a forum for ethical considerations. It would provide a basis for recognizing and rewarding excellence in care and the transfer of knowledge and should be connected with a major university or research centre.

12 Public Awareness and Communication

Background

Regional health authorities (RHAs) provide information on the continuing care services delivered in their regions through various means, including websites, brochures and central phone numbers. Facilities also provide information to residents and their families through newsletters, brochures and other communication mechanisms.

Although the public can access information on regional health services through a central, regional mechanism, the availability of information on regional housing and supportive living are generally more difficult to obtain. Some voluntary organizations have developed supportive housing inventories describing services available in various communities, however there are no provincial or regional resources that people can turn to for information.

What the Task Force Heard

- Roles and responsibilities of government, RHAs, operators, residents and families in supportive living and long-term care are unclear and confusing.
- There are no clear and agreed to definitions of "supportive housing," "supportive living," and "assisted living," and what services are included in each.
- There are inconsistencies in health services being provided in similar supportive living settings in different health regions.
- There are inconsistencies in the health care services being provided in lodges. There are some lodges that have expanded their mandate to provide personal care services through a contractual relationship with the local regional community/home care program and other lodges that would prefer to only provide accommodation services and require residents to move when they need more services.
- The roles and responsibilities of community or home care programs and lodge or supportive living operators and the sharing of health information is making it difficult for lodge/supportive living operators to provide services for their clients, and makes it difficult for physicians and other health care providers who are providing services.

- There is no clear understanding of what the accommodation charge in long-term care is intended to pay for and what the health care system pays for.
- Residents and their families are unsure of what their rights and responsibilities are.

Recommendations

43. Adopt, in principle, the *Seniors' Supportive Living Framework*, as a provincial framework, after initial and final stakeholder input has been incorporated, including clearly defined health services for each level. This should include clarifying the roles and responsibilities of operators and health care providers at each level to ensure that information is appropriately shared and care coordinated. This framework should include accommodation and health services for both seniors and other adults with disabilities.

44. Adopt, in principle, the *Long-Term Care Facilities Information Package*, after initial and final stakeholder input has been incorporated, and a distribution plan is developed.

45. Develop a strategy for providing the general public with information on their rights and responsibilities related to health care services and accommodation in the continuing care system, where they can access related information and the process for raising concerns and complaints. Alberta Health and Wellness and Alberta Seniors and Community Supports should develop this strategy with input from stakeholder groups.

We also expect that the *Continuing Care Health Service and Accommodation Standards* will promote respect for residents and their families' rights and responsibilities.

Conclusion

In conclusion, the Task Force would like to acknowledge the many special caregivers, families and volunteers dedicated to supporting our seniors, young persons with disabilities, and others in need of support. We would also like to express our appreciation to the many individuals and organizations that contributed input during the consultations.

Alberta has a wealth of knowledge and expertise. A Network of Excellence could provide a legacy to share knowledge and research with Albertans and all Canadians.

We hope that the changes envisioned in this report will result in a compassionate, client-centred, efficient system of care and accommodation services that will meet the needs of all Albertans in the years to come.

Appendix 1

Organizations that made submissions to the Task Force are as follows. This list does not include those organizations or individuals that submitted discussion guides. Individuals who wrote personal letters are also not listed, in order to protect their privacy.

Written Submissions

Special Interest or Advocacy Groups

A Circle of Alberta Seniors' Advocacy Group Chairpersons
AIDS Calgary Awareness Association
Alberta Association for the Deaf
Alberta Caregivers Association
Alberta Catholic Health Corporation
Alberta Committee of Citizens with Disabilities
Alberta Council of Aging
Alberta Mental Health Patient Advocate Office
Alzheimer Society of Alberta and Northwest Territories
Alzheimer Society of Calgary
Canada's Association for the Fifty Plus (CARP)
Central Alberta Council on Aging
Client, Family, Community Advisory Council of the Good Samaritan Society
Coalition of Seniors Advocates (COSA)
Edmonton Local Council of Women
Elder Advocates of Alberta
Families Allied to Influence Responsible Eldercare (FAIRE)
Families and Friends Protecting Patients
Friends of Medicare
Friends of the Colonel Belcher
Kerby Centre
Life Support Society of Drayton Valley and District
Metis Nation of Alberta, Zone 2
Multiple Sclerosis Society of Canada
Public Interest Alberta
Quality of Life Commission
Seniors Community Health Council
Seniors I Care
Seniors United Now
Society for the Retired and Semi-Retired
We Care Home Health Services

Government and Affiliates

Alberta Aboriginal Affairs and Northern Development
Alberta Aids to Daily Living
Community Support Systems Division, Alberta Seniors and Community Supports
Health Quality Council of Alberta
Office of the Ombudsman
Protection for Persons in Care
West Yellowhead Constituency Office

Housing Operators, Supportive Living Operators, Long Term Care Operators, Service Providers or Industry Associations

AETAS Health Care Inc.
Alberta Catholic Health Corporation
Alberta Long Term Care Association
Alberta Public Housing Administrators
Alberta Senior Citizens Housing Association
Bethany Care Society
Canterbury Foundation
Caritas Health Group
Castor and District Housing Authority
Chinese Christian wing Kei Nursing Home Association
Christian Health Association of Alberta
Correct Care
Cypress View Foundation
EnviCare
Evergreens Foundation
Flagstaff Regional Housing Group
Foothills Foundation
Good Shepherd Lutheran Social Service Society
Green Acres Foundation
Lacombe Foundation
Leduc Foundation
Mountain View Senior's Housing
Northcott Care Centre
Pincher Creek Foundation
Seniors' Homes And Community Housing
St. Josephs Auxiliary Hospital
St. Mary's Health Care Centre
Sturgeon Foundation, Seniors Supportive Housing
The Good Samaritan Society
The Youville Home, St. Albert

Professional, Educational and Union Related Organizations

Alberta Association of Registered Nurses, Alberta Gerontological Nurses' Association,
College of Licensed Practical Nurses of Alberta, Registered Psychiatric Nurses Association (as listed on a joint submission)
Alberta Association of Registered Occupational Therapists
Alberta Association on Gerontology
Alberta College of Family Physicians
Alberta College of Pharmacists
Alberta Dental Association and College
Alberta Dental Association and College, Geriatric Dentistry Committee
Alberta Dental Hygienists Association
Alberta Medical Association
Alberta Physiotherapy Association
Bow Valley College
Canadian Dental Association
Canadian Federation of University Women Alberta Council
Health Sciences Association of Alberta
Nightingale Academy
Norquest College
Pharmacists Association of Alberta

Society of Alberta Occupational Therapists
United Nurses of Alberta
University of Calgary, Faculty of Nursing

Regional Health Authorities
Aspen Regional Health Authority
Capital Health
Chinook Regional Health Authority
David Thompson Health Region
Peace Country Health

Verbal Presentations

Special Interest or Advocacy Groups
AIDS Calgary
Alberta Alliance on Mental Illness and Mental Health
Alberta Association of the Deaf
Alberta Committee of Citizens with Disabilities
Alberta Council on Aging
Alberta Public Housing Administrators Association (APHAA)
Alberta Public Interest Alliance
Alzheimer Society of Alberta and North West Territories
Alzheimer Society of Alberta and North West Territories Calgary Chapter
Canadian Association for the Fifty-Plus (CARP)
Central Alberta Council on Aging
Coalition of Seniors Advocates
East Central Health Community Health Council
Elder Advocates of Alberta
Families Allied to Influence Responsible Elder Care (FAIRE)
Family and Community Advisory Council
Family and Friends Protecting Patients
Good Samaritan Society Family Council
Islamic Family Social Services Association
Kerby Centre
Living Positive – Edmonton Persons Living with HIV Society
Mental Health Patient Advocate
Multiple Sclerosis Society of Canada - Calgary Chapter
Northern Alberta Brain Injury Society
Seniors Advisory Council for Alberta
Seniors Community Health Council
Seniors I Care
Seniors United Now

Professional, Educational and Union Related Organizations
Alberta Association of Naturopathic Practitioners
Alberta Association of Registered Nurses
Alberta Association of Registered Occupational Therapists
Alberta Association of Rehabilitation Centres
Alberta Association on Gerontology
Alberta Centre on Aging

Alberta College of Family Physicians
Alberta Dental Association and College
Alberta Dental Hygienists Association
Alberta Gerontological Nurses Association
Alberta Medical Association
Alberta Physiotherapy Association
Alberta Union of Provincial Employees
Canadian Union of Public Employees
College of Licensed Practical Nurses of Alberta
College of Physicians and Surgeons of Alberta
Dietitians of Canada
Edmonton Police Service's Elder Abuse Prevention Team
Health Sciences Association of Alberta
Home Care Association
Norquest College
Nutrition and Food Services Network of Alberta
Paré Labrecque Training Centre
Pharmacists Association of Alberta
Registered Psychiatric Nurses Association of Alberta
United Nurses of Alberta
University of Alberta Health Sciences Council

Government and Affiliates
Alberta Aids to Daily Living
Health Facilities Review Committee
Health Quality Council of Alberta
Protection for Persons in Care

The following organizations were represented at group meetings with the Task Force

Housing Operators, Supportive Living Operators, Long Term Care Operators, Service Providers, or Industry Associations
Acadia Foundation
Alberta Life Care Housing Foundation
Alberta Long Term Care Association
Alberta Senior Citizens Housing Association
Barrhead and District Social Housing Authority
Beaver Foundation
Bethany Care Society
Bow Island Health Foundation
Brenda Strafford Foundation
Brooks Nursing Home
Canterbury Foundation
Capital Care Group
Carewest
Caritas Health Group
Chantelle Management
Chartwell Seniors Housing
Chinook Foundation
Connecting Care
Continuum Healthcare
Cypress View Foundation
Edith Cavell Care Centre
Evergreens Foundation
Excel Society
Extendicare Canada

Father Lacombe Care Centre
Flagstaff Regional Housing Group
Foothills Foundation
Forty Mile Foundation
Grande Prairie Care Centre
Grande Spirit Foundation
Greater Edmonton Foundation
Greater North Foundation
Green Acres Foundation
Hardisty Nursing Home
Harmony Care Home
Heart River Housing
Intercare
Killam Health Care Centre
Lacombe Foundation
Lamont Health Centre

Housing Operators, Supportive Living Operators, Long Term Care Operators, Service Providers or Industry Associations
Mackenzie Housing and Management Board
Manor Village Life Centre
McKenzie Place
Metropolitan Calgary Foundation
Mosquito Creek Foundation
Mountain View Seniors Housing
Newell Foundation
North Peace Housing
Northcott Care Centre
Pincher Creek Foundation
Piper Creek Foundation
Rimoka Housing Foundation
Riverview Care Centre
Seniors Management Services
Sherwood Park Country College
South Country Village
St. Mary's Health Care Centre
St. Michael's Continuing Care Centre
The Bethany Group
The Good Samaritan Society
Triple A Living Community
Vermillion and District Housing Foundation
Wood Buffalo Housing and Development Corporation

Representatives from Cities or Towns
City of Medicine Hat
Town of Okotoks

Regional Health Authorities
Aspen Regional Health Authority
Calgary Health Region
Capital Health Authority
Chinook Health Region
David Thompson Health Region
East Central Health
Northern Lights Health Region
Palliser Health Region
Peace Country Health Region

Achieving Excellence in Continuing Care

Final Report of the MLA Task Force on Continuing Care Health Service and Accommodation Standards

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